



## DONATION REQUEST FORM

*Completion of this form DOES NOT guarantee  
The Eric Carle Museum of Picture Book Art will fulfill the request.*

Name of Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*If donation is granted, we may request you to pick up the donation.*

Delivery Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

1. This Organization is (please circle one):

EDUCATIONAL    ARTS/CULTURE    CHARITABLE    INSTITUTIONAL

2. Is this organization a 501(c)(3) non-profit agency?    YES    NO

3. Organization

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Event Description: (Name, Date, Time, # of people to attend, and purpose)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is this event a fundraiser?    YES    NO

Who do the proceeds benefit? \_\_\_\_\_

6. Have you received a donation from us before?    YES    NO

7. Deadline for receiving the donation item (Six-week minimum):

\_\_\_\_\_

Please fax this Request for Donation form along with Statement of Purpose (on Organizations' letterhead) to (413) 658-1139, Attention: DONATION REQUEST. *No phone calls, please.*